

## CITY OF CATHEDRAL CITY USER UTILITY TAX EXEMPTION FORM

Last Name:	First Name:
Service Address:	Billing Address [if different than service address]:
Phone:	
Applying for: New Exemption Request Address Change C	Annual Exemption Renewal Request hange in Provider New Provider
	phone number]ark name]
You must meet <b>both</b> of the following requirements  65 YEARS OF AGE OR OLDER  ENROLLED IN THE CARE PROGRAM THROUGH	·
California Electric's Care Program. If you qu	y listed on the bill, and be enrolled in the Southern alify for this program, but have not applied through ust do so before applying for the User Utility Tax
Important: Please attach to this application a copy of  (1) Proof of age as 65 or older  Attach a copy of one of the following item  State Issued Drivers License  State Issued Identification Card  Passport  Permanent Resident Card	-
shows your name and service address, and for Southern California Electric's CARE P for which a recent bill is received by the <b>other utility bills [i.e., gas, cable, telephoexemption.</b> If you add or change utility resubmitting this form and attaching new uservice.	ifornia Edison electric bill for the above property that the page that indicates you are receiving the discount rogram. Exemptions are valid only for utility services City. You must also provide a current copy of all one, or cell phone bills] that you are requesting an providers at any time, you must notify the City by utility bills to receive an exemption for the new utility are requesting an exemption for the new utility are requesting an exemption for the new utility are requested.
I declare, under penalty of perjury, that to the best of any attachments hereto, are true and correct:  Date: Signature.	of my knowledge and belief the statements herein, and gned:
Prione: Pri	int Name/Title:
City of Ca	The Additional Control of the Contro

Attn: Finance Department, Tax Administrator 68-700 Avenida Lalo Guerrero Cathedral City, CA 92234